

## Home Without Staff on Site Plan

Name: \_\_\_\_\_

Date: \_\_\_\_\_

May be home alone (Implement training plans if person so desires): ☐ Yes ☐ No

Duration: \_\_\_\_\_

Is supervision check necessary? ☐ Yes ☐ No

Method of supervision check: \_\_\_\_\_

Frequency of check: \_\_\_\_\_

Documentation of supervision check: \_\_\_\_\_

### Ground Rules:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

Date: \_\_\_\_\_